



## DEPARTMENT OF HEALTH

Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Robert R. Neall, Secretary

### Resources for Providers

#### **Maryland Addiction Consultation Services (MACS)**

MACS supports primary care and specialty prescribers across Maryland in the identification and treatment of substance use disorders and chronic pain management. Providers have access to support through free phone consultation, training and education, and assistance with resource identification for their patients. MACS is funded by the Maryland Department of Health and is available to all prescribers across Maryland at no charge. Call 855-337-MACS(6227) or request a consultation on their website: [www.marylandmacs.org/](http://www.marylandmacs.org/)

#### **Naloxone & Overdose Response Program (ORP)**

Licensed health care providers with prescribing authority may prescribe and dispense naloxone to individuals at risk of experiencing an overdose, or those in a position to assist someone at risk. Licensed health care providers who prescribe or dispense naloxone are not subject to disciplinary action by their licensing boards solely for the act of prescribing or dispensing naloxone. More information about naloxone, the Department of Health's Overdose Response Program, and resources for prescribers is available at [www.NaloxoneMD.org](http://www.NaloxoneMD.org)

#### **Maryland Prescription Drug Monitoring Program (PDMP)**

Authorized by state law in 2011, Maryland's PDMP was created to support healthcare providers and their patients in the safe and effective use of prescription drugs. Maryland's program is administered by the Maryland Department of Health (MDH), Public Health Services. The PDMP securely collects information on Schedule II-V CDS prescriptions dispensed in Maryland and makes data available to healthcare providers to support patient care. For more information on the PDMP and a list of continuing education trainings on controlled substance prescribing, please visit: [www.MarylandPDMP.org](http://www.MarylandPDMP.org)

#### **Maryland SBIRT: Changing the Conversation for Better Health**

SBIRT (Screening, Brief Intervention, and Referal to Treatment) is an evidence-based comprehensive, integrated, public health approach to the delivery of providing early intervention and treatment services to patients who have risky alcohol or drug use. For more information on SBIRT, and to find out more about reimbursement and trainings, please visit:

[www.MarylandSBIRT.org](http://www.MarylandSBIRT.org)

#### **Screening Tools**

Substance Abuse and Mental Health Services Administration (SAMHSA) and the Health Resources and Services Administration (HRSA) provide a variety of screening tools. Regular screenings in healthcare settings enables earlier identification of mental health and substance use disorders, which translates into earlier care. Screenings should be provided to people of all ages, even the young and the elderly. SAMHSA and HRSA offer screening tools for the following: depression, drug and alcohol use, suicide, anxiety and trauma. To access tools please visit:  
<https://www.integration.samhsa.gov/clinical-practice/screening-tools>

### **Maryland Suicide Prevention Program**

The Maryland Department of Health offers several resources to support providers in identifying and treating patients at risk of suicide. To access resources, trainings, suicide assessment tools, and information on how to bill insurers for conducting suicide risk assessments please visit:

<https://health.maryland.gov/suicideprevention>

The Maryland Department of Health also a crisis helpline. The helpline is available 24/7 to provide support, guidance, and assistance. To access the Helpline, call 211, press 1; text 898211; or visit [211md.org](http://211md.org).

### **Centers for Disease Control and Prevention (CDC) Opioid Guidelines**

The *CDC Guideline for Prescribing Opioids for Chronic Pain* helps providers make informed decisions about pain treatment in primary care settings. Recommendations focus on the use of opioids in treating chronic pain outside of active cancer treatment, palliative care, and end-of-life care. It also includes recommendations on what to do if a patient develops an opioid use disorder.

[www.cdc.gov/drugoverdose/prescribing/providers.html](http://www.cdc.gov/drugoverdose/prescribing/providers.html)

## Frequently Asked Questions

### What is the Maryland Prescription Drug Monitoring Program (PDMP)?

Authorized by state law in 2011, Maryland's PDMP was created to support healthcare providers and their patients in the safe and effective use of prescription drugs. Nearly every state in the country now has a PDMP. Maryland's program is administered by the Department of Health (MDH). The PDMP law requires pharmacies and healthcare practitioners who dispense controlled dangerous substances (CDS) to electronically report prescription information to the PDMP. The PDMP securely stores the data and makes it available to healthcare providers to support patient care.

### Why does Maryland need a PDMP?

The Centers for Disease Control and Prevention (CDC) has called opioid overdose a national epidemic. CDC estimates that more than 44% of all U.S. opioid overdose deaths in 2016 involved a prescription opioid, with more than 46 people dying every day from overdoses involving prescription opioids.<sup>1</sup> The epidemic of prescription opioid addiction has led to increasing heroin use, with some of the largest increases occurring among groups with historically lower rates, including women, non-Hispanic whites and individuals with private health insurance.<sup>2</sup> More Marylanders now die from unintentional overdoses than from motor vehicle accidents, homicides or suicides.

Research indicates that healthcare providers are the most common source of misused prescription drugs for individuals with severe prescription opioid addiction.<sup>3</sup> Unfortunately, many providers are not aware that they are treating patients who are engaged in aberrant drug use behaviors.<sup>4</sup> Patients seeing multiple prescribers for opioids may be seven times more likely to die from an opioid overdose than those who do not.<sup>5</sup> Those taking 100mg of morphine equivalents or more per day have nine times the risk of overdose death.<sup>6</sup> By giving healthcare providers a powerful clinical tool for identifying at-risk patients and intervening to break the cycle of addiction, PDMPs are essential components of a comprehensive public health response to this epidemic.

### Why did the PDMP send me a notification?

The PDMP is required to analyze data to identify indicators of potential misuse or abuse of prescription drugs, possible violations of law on behalf of a provider, and possible breaches of professional standards on behalf of a provider and notify identified healthcare providers. The PDMP consults with healthcare providers with expertise in behavioral health, pain management, and other relevant disciplines to support the data analysis and notification process. The PDMP may not have access to other information necessary to determine whether this patient's CDS use is appropriate or not.

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<sup>1</sup> <https://www.cdc.gov/drugoverdose/data/prescribing.html>

<sup>2</sup> Jones, C.M. et. al. "Vital Signs: Demographic and Substance Use Trends Among Heroin Users – United States, 2002-2013." *Morbidity and Mortality Weekly Report*. CDC, July 10, 2015. [http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6426a3.htm?s\\_cid=mm6426a3\\_w](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6426a3.htm?s_cid=mm6426a3_w)

<sup>3</sup> Jones, C.M., et.al. "Sources of Prescription Opioid Pain Relievers by Frequency of Past-Year Nonmedical Use: United States, 2008-2011." *JAMA Intern Med.* May 2014; 174(5):802-803. <http://archinte.jamanetwork.com/article.aspx?articleid=1840031>

<sup>4</sup> Thomas, C.P. et.al. "Prescriber response to unsolicited prescription drug monitoring program reports in Massachusetts." *Pharmacoepidemiology and Drug Safety*. Vol 23,Is. 9,pgs950-957, Sept 2014. <http://onlinelibrary.wiley.com/doi/10.1002/pds.3666/abstract>

<sup>5</sup> Peirce G.L., et.al. "Doctor and Pharmacy Shopping for Controlled Substances." *Medical Care*. 2012 Jun;50(6):494-500

<sup>6</sup> Dunn KM, et al. "Opioid Prescriptions for Chronic Pain and Overdose: A Cohort Study." *Annals of Internal Medicine*, Volume 152, Number 2, 19 January 2010, pp. 85-92. <http://annals.org/article.aspx?articleid=745518>

*This notification is being provided solely for informational purposes and should be interpreted in the context of the patient's history, diagnosis, care plan and other relevant clinical factors.*

### **How do I access the patient's PDMP data?**

**IF YOU ARE A REGISTERED CRISP USER**, log in to the portal at <https://portal.crisphealth.org/> and run a query using the patient's last name and date of birth *or* the Patient ID# provided in the upper right corner of the notification. *If you have forgotten your CRISP login information, contact CRISP Support at [support@crisphealth.org](mailto:support@crisphealth.org) or 877-952-7747.*

**IF YOU ARE NOT A REGISTERED CRISP USER**, visit <https://crisphealth.org/> to begin the registration process. CRISP registration and use are **free**.

Maryland law protects healthcare providers who share PDMP data with other providers for treatment purposes.

MDH has partnered with Chesapeake Regional Information System for our Patients (CRISP) to provide information technology services for Maryland's PDMP. Healthcare provider access to PDMP data is made available through CRISP's online Query Portal. You will be able to view data from both the Maryland PDMP as well as from other states that share PDMP data with Maryland.

### **Why do I need to register with and use CRISP?**

*Effective October 1, 2016, prescribers must register with CRISP for PDMP data access before getting a new or renewal CDS permit.*

*As of July 1, 2018, the PDMP Use Mandate for providers prescribing CDS medications went into effect.* The requirements and exemptions of this mandate are summarized on the next page.

**Mandatory Use for CDS Prescribers:** Prescribers include the following practitioners with CDS prescriptive authority: physicians, physician assistants, dentists, podiatrists, nurse practitioners, and advanced practice nurse midwives. Prescribers must query and assess PDMP data (through the CRISP portal or integration within the Electronic Health Record (EHR), where available):

- Before beginning a new course of treatment with opioids or benzodiazepines
- When a course of treatment extends beyond 90 days. In this case, prescribers must query again at least every 90 days thereafter before prescribing or dispensing opioids or benzodiazepines
- Must view at least the last 4 months of data (this will always be available within a PDMP data view.)
- A prescriber delegate may pull the PDMP data, but the prescriber remains responsible for assessing the data prior to making a prescribing decision.
- Exceptions to this mandate: A prescriber is NOT REQUIRED to request PDMP data if the opioid or benzodiazepine is prescribed or dispensed to an individual:

- For a period of 3 days or less ( $\leq 3$  days)
- For cancer treatment or cancer-related pain
- For a patient who is:
  - Receiving treatment in an inpatient unit of a hospital
  - Part of a general hospice program\*
  - Diagnosed with a terminal illness \*
  - Residing in a nursing home, long-term care, developmental disability, or assisted living facility
- To treat or prevent acute pain for a period of 14 days or less ( $\leq 14$  days) following:
  - Surgical procedure\*
  - Bone Fracture
  - Significant trauma\*
  - Childbirth

\* See specific FAQs for definitions of these terms:

<https://bha.health.maryland.gov/pdmp/Pages/PDMP-Use-Mandate-Use-FAQs.aspx>

### **What resources exist to help my practice integrate the PDMP into my workflow?**

If you are a healthcare practitioner authorized to prescribe CDS drugs (i.e. you have a current DEA registration and, for Maryland-licensed practitioners, a Maryland CDS permit), you can **delegate any staff member, licensed or unlicensed and employed by or under contract with the same practice as the prescriber**, to query patients' PDMP data through CRISP on your behalf. Delegates can register for CRISP user accounts and identify you as the prescriber delegating access. CRISP will contact you to confirm the relationship before giving the delegate a user account.

### **I'm concerned my patient might be addicted. What should I do?**

According to the American Society of Addiction Medicine, *addiction is a primary, chronic disease* that, without treatment or engagement in recovery activities, is progressive and can result in disability or death.<sup>7</sup>

If you believe your patient may have a substance use disorder, it is important that the patient is assessed for the severity and specificity of the disorder and, if necessary, referred to the appropriate type of behavioral health provider. Below are steps you can take to assist your patients on their path to recovery, including Screening, Brief Intervention and Referral to Treatment (SBIRT).

### **I didn't write the prescriptions attributed to me. What should I do?**

If you query your patient and believe that a prescription record is inaccurately attributed to you, contact the dispensing pharmacy to verify whether a data entry error was the cause of your information being reported to the PDMP. If the pharmacy confirms a reporting error, request that

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<sup>7</sup> <http://www.asam.org/for-the-public/definition-of-addiction>

they send the PDMP a corrected record and notify the PDMP by contacting [mdh.pdmp@maryland.gov](mailto:mdh.pdmp@maryland.gov) or 410-402-8686. The PDMP will work with the pharmacy to ensure the record is corrected.

### **I think someone is forging my prescriptions. What should I do?**

If you have contacted the dispensing pharmacy and they verify that your credentials were used on the original prescription, you may be a victim of prescription forgery. Consider contacting the appropriate authorities who can conduct a formal investigation. These include:

**Maryland MDH Office of Controlled Substance Administration**  
Email: [maryland.ocsa@maryland.gov](mailto:maryland.ocsa@maryland.gov)  
Phone: 410-764-2890  
Website: <https://health.maryland.gov/ocsa/>

**US Drug Enforcement Administration, Office of Diversion Control**  
Baltimore District Office: 410- 244-3587  
Washington District Office (for Montgomery and Prince George's Counties): 202-305-8800

**Maryland Board of Pharmacy**  
Email: [mdh.mdbop@maryland.gov](mailto:mdh.mdbop@maryland.gov)  
Phone: 410- 764-4755  
Website: <https://health.maryland.gov/pharmacy/>

**Local law enforcement:** Your local police department or county sheriff's office may conduct pharmaceutical diversion investigations

**The dispense in the PDMP does not align with the prescription I wrote. What should I do?**  
If you believe a prescription was inaccurately dispensed, or the dispense in the PDMP is not accurate, contact the dispensing pharmacy to verify your prescription and the dispense to investigate and determine if there was a data entry error or a dispense error. If the pharmacy confirms a reporting error, request that they send the PDMP a corrected record and notify the PDMP by contacting [mdh.pdmp@maryland.gov](mailto:mdh.pdmp@maryland.gov) or 410-402-8686. The PDMP will work with the pharmacy to ensure the record is corrected. The PDMP displays medications that have been dispensed not the prescription written.

### **Can I get a PDMP report on all prescriptions attributed to me?**

**Yes.** If you are a Maryland prescriber, you can generate a DEA self-audit report directly from CRISP's Unified Landing Page (ULP) with the DEA number under which you registered for the PDMP. If you would like a report of prescriptions attributed to additional DEA numbers, submit a request to the PDMP State Office by filling out the Prescriber Self Data Request Form: <https://bha.health.maryland.gov/pdmp/Pages/PDMP-Forms.aspx>

### **What else can I do to help?**

Complete and send back the enclosed "Maryland PDMP Prescriber Notification Survey" to give us feedback on this notification. Healthcare providers are on the front lines of the opioid addiction and overdose epidemic and are uniquely positioned to provide services with the potential to improve health outcomes for patients suffering from substance use disorders. MDH and the PDMP thank you for taking the time to learn more about this important public health issue.